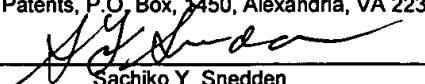


61  
AF-1600  
G  
Certificate of Mailing Under 37 C.F.R. §1.8

I hereby certify that this correspondence along with any paper referred to as being attached is being Mailed to Addressee by service of the United States Postal Service addressed to Commissioner for Patents, P.O. Box, 1450, Alexandria, VA 22313-1450

By: 

Sachiko Y. Snedden

Date: February 4, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT  
APPLICATION

|  |                    |              |  |
|--|--------------------|--------------|--|
| Inventor(s):   | Pilarski           |              |  |
| Appln. No.:  | 09                 | 142,557      |  |
|  | Series Code ↑      | Serial No. ↑ |  |
| Filed:   | September 11, 1998 |              |  |
| Appn. Title: METHODS FOR CELL MOBILIZATION USING IN VIVO TREATMENT WITH HYALURONAN |                    |              |  |

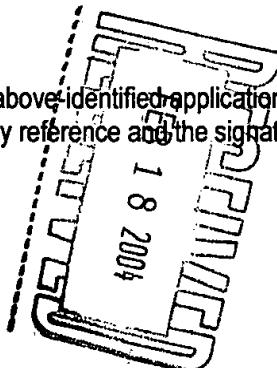
Mail Stop After Final  
Hon. Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

REPLY/AMENDMENT/LETTER

Date: February 4, 2004

This is a reply/amendment/letter in the above-identified application and includes the herewith attachment of same date and subject which is incorporated hereinto by reference and the signature below is treated as the signature to the attachment in absence of a signature thereto.



RECEIVED

FEB 12 2004

TECH CENTER 1600/2900

**FEE REQUIREMENTS FOR CLAIMS AS AMENDED**

|  |   |                   |                                  |                                    |                   |                    |                |                   |
|--|---|-------------------|----------------------------------|------------------------------------|-------------------|--------------------|----------------|-------------------|
| 1. Small Entity claim  | For B & C<br>See <u>Required Separate Paper</u> (Pat-256) |                   | Claims remaining after amendment | Highest number previously paid for | Present Extra     | Large/Small Entity | Additional Fee | Fee Code<br>Lg/Sm |
| A. <input checked="" type="checkbox"/> NOT made<br>B. <input type="checkbox"/> Withdrawn<br>C. <input type="checkbox"/> made herewith<br>D. <input type="checkbox"/> made previously |   |                   |                                  |                                    |                   |                    |                |                   |
| 2. Total Effective Claims  | **minus   | 71                | 0                                |                                    | x \$18/\$9 =      | + \$0              | 1202/2202      |                   |
| 3. Independent Claims  | ***minus  | 24                | 0                                |                                    | x \$86/\$43 =     | + \$0              | 1201/2201      |                   |
| 4. If amendment enters <u>proper</u> multiple dependent claim(s) into this application for first time (leave blank if this is a reissue application).....                            |   |                   |                                  |                                    | d + \$290/\$145 = | + \$0              | 1203/2203      |                   |
| 5. Original due Date: July 2, 2003   | <input type="checkbox"/> NONE                             |                   |                                  |                                    |                   |                    |                |                   |
| 6. Petition is hereby made to extend the original due date to cover the date this response is filed for which the requisite fee is attached  | (1 mo)  | \$110/\$55 =      |                                  |                                    | + \$950           |                    | 1251/2251      |                   |
|  | (2 mos)   | \$420/\$210 =     |                                  |                                    |                   |                    | 1252/2252      |                   |
|  | (3 mos)   | \$950/\$475 =     |                                  |                                    |                   |                    | 1253/2253      |                   |
|  | (4 mos)   | \$1,480/\$740 =   |                                  |                                    |                   |                    | 1254/2254      |                   |
|  | (5 mos)   | \$2,010/\$1,005 = |                                  |                                    |                   |                    | 1255/2255      |                   |
| 7. Enter any previous extension fee paid since above original due date and subtract  |   |                   | - \$0                            |                                    |                   |                    |                |                   |
| 8.   |   |                   | Extension Fee + \$950            |                                    |                   |                    |                |                   |
| 9. If Terminal Disclaimer attached, add Rule 20(d) official fee .....  |   |                   | + \$110/\$55 + \$0 1814/2814     |                                    |                   |                    |                |                   |
| 10. If IDS attached requires Official Fee under Rule 97 (c), .....   |   |                   | + \$180 + \$0 1806               |                                    |                   |                    |                |                   |
| or if Rule 97(d) Request .....   |   |                   | + \$180 + \$0 1806               |                                    |                   |                    |                |                   |
| 11. After-Final Request Fee per rules 129(a) and 17(r) .....   |   |                   | + \$770/385 + \$0 1809/2809      |                                    |                   |                    |                |                   |
| 12. No. of additional inventions for examination per Rule 129(b).....  |   |                   | x \$770/385 ea + \$0 1810/2810   |                                    |                   |                    |                |                   |
| 13. Request for Continued Examination (RCE) .....  |   |                   | + \$770/385 + \$0 1801/2801      |                                    |                   |                    |                |                   |
| 14. Notice of Appeal .....   |   |                   | + \$330/165 + \$330 1401/2401    |                                    |                   |                    |                |                   |
| 15.  |   |                   | TOTAL FEE = \$1280               |                                    |                   |                    |                |                   |
| 16. *If the entry in this space is less than entry in next space, the "Present Extra" result is "0".   |   |                   |                                  |                                    |                   |                    |                |                   |
| 17. **If the "Highest number previously paid for" in this space is less than 20, write "20" in this space.   |   |                   |                                  |                                    |                   |                    |                |                   |
| 18. ***If the "Highest number previously paid for" in this space is less than 3, write "3" in this space.  |   |                   |                                  |                                    |                   |                    |                |                   |

**RECEIVED**

(Our Deposit Account No. 50-2212) **FEB 12 2004**

(Our Order No. 098810 | 0300893)

C#

**TECH CENTER 1600/2900**

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/Order Nos. shown above, for which purpose a duplicate copy of this sheet is attached.

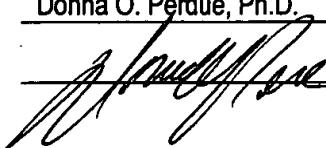
This CHARGE STATEMENT does not authorize charge of the issue fee until/unless an issue fee transmittal sheet is filed.

Query: Is appeal deadline now? If so, file Notice of Appeals separately.

11682 El Camino Real  
Suite 200  
San Diego, CA 92130-2092  
Tel: (619) 234-5000  
Atty/Sec: DOP/SYS

Pillsbury Winthrop LLP  
Intellectual Property Group

By Atty: Donna O. Perdue, Ph.D. Reg. No. 51,166

Sig:  Fax: (858) 509-4010  
Tel: (858) 509-4093

NOTE: File this cover sheet in duplicate with PTO receipt (PAT-103A) and attachments